

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 1

NAME: NEW HAVEN EAST SHORE WPCF
ADDRESS: 345 EAST SHORE PARKWAY
NEW HAVEN, CT 06512
FACILITY: NEW HAVEN EAST SHORE STP
LOCATION: 345 EAST SHORE PARKWAY
NEW HAVEN, CT 06512
ATTN: JOHN TORRE

CT0100366	001-1
PERMITNUMBER	DISCHARGENUMBER

DMR MAILING ZIP CODE: 06512

MAJOR
(SUBR SI)
SANITARY SEWAGE
External Outfall

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM 13	05	01	TO	13	05	31	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 day, 20 deg. C	SAMPLE MEASUREMENT					6.0	20.4	mg/L	0		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	50 DAILY MX	mg/L		Three per Week	COMPOS
BOD, 5 day, 20 deg. C	SAMPLE MEASUREMENT					454		mg/L	0		
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT					Req. Mon. MO AVG		mg/L		Three per Week	COMPOS
pH	SAMPLE MEASUREMENT				6.7		7.1	SU	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 INST MIN		9 INST MAX	SU		Daily	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT					13.5	189.7	mg/L	1		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	50 DAILY MX	mg/L		Three per Week	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT					471		mg/L	0		
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT					Req. Mon. MO AVG		mg/L		Three per Week	COMPOS
Nitrogen, Total (as N)	SAMPLE MEASUREMENT	1354		lb/d					0		
00600 C 0 Nitrogen, Removal Complete	PERMIT REQUIREMENT	Req. Mon. MO AVG		lb/d						Twice Every Week	COMPOS
Arsenic, Total (as As)	SAMPLE MEASUREMENT						0.00	mg/kg	0		
01002 S 0 See Comments	PERMIT REQUIREMENT						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JOHN TORRE Project Manager TYPED OR PRINTED	<small>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</small>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			203	466-5277	13	06	11
			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
TSS exception is flow waived per the NPDES, see cover letter for details please.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 2

NAME: NEW HAVEN EAST SHORE WPCF
ADDRESS: 345 EAST SHORE PARKWAY
NEW HAVEN, CT 06512
FACILITY: NEW HAVEN EAST SHORE STP
LOCATION: 345 EAST SHORE PARKWAY
NEW HAVEN, CT 06512
ATTN: JOHN TORRE

CT0100366	001-1
PERMITNUMBER	DISCHARGENUMBER

DMR MAILING ZIP CODE: 06512

MAJOR
(SUBR SI)
SANITARY SEWAGE
External Outfall

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
13	05	01	FROM	13	05	31	TO

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Beryllium, total (as Be)	SAMPLE MEASUREMENT						0.00	mg/kg	0		
01012 S 0 See Comments	PERMIT REQUIREMENT						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
Polychlorinated biphenyls (PCBs)	SAMPLE MEASUREMENT						0.00	mg/kg	0		
39516 S 0 See Comments	PERMIT REQUIREMENT						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	26.3	39.7	Mgal/d					0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d						Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT				0.3		1.1	mg/L	0		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				.2 INST MIN		1.5 INST MAX	mg/L		Four Per Day	GRAB
Solids, fixed, % of total solids	SAMPLE MEASUREMENT				20.4			%	0		
70319 S 0 See Comments	PERMIT REQUIREMENT				Req. Mon. INST MIN			%		Once Every 2 Months	GRAB
Solids, volatile % of total solids	SAMPLE MEASUREMENT				79.6			%	0		
70322 S 0 See Comments	PERMIT REQUIREMENT				Req. Mon. INST MIN			%		Once Every 2 Months	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT					0	0	#/100mL	0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT					Req. Mon. 30DA GEO	400 7 DA GEO	#/100mL		Three Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		203	466-5277	13	06	11
		AREA Code	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 3

NAME: NEW HAVEN EAST SHORE WPCF
ADDRESS: 345 EAST SHORE PARKWAY
NEW HAVEN, CT 06512
FACILITY: NEW HAVEN EAST SHORE STP
LOCATION: 345 EAST SHORE PARKWAY
NEW HAVEN, CT 06512
ATTN: JOHN TORRE

CT0100366	001-1
PERMITNUMBER	DISCHARGENUMBER

DMR MAILING ZIP CODE: 06512

MAJOR
(SUBR SI)
SANITARY SEWAGE
External Outfall

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
13	05	01	FROM	13	05	31	TO

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dry weight	SAMPLE MEASUREMENT						531	mg/kg	0		
78467 S 0	PERMIT REQUIREMENT						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
See Comments											
Lead, dry weight	SAMPLE MEASUREMENT						56.1	mg/kg	0		
78468 S 0	PERMIT REQUIREMENT						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
See Comments											
Nickel, dry weight	SAMPLE MEASUREMENT						12.0	mg/kg	0		
78469 S 0	PERMIT REQUIREMENT						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
See Comments											
Mercury, dry weight	SAMPLE MEASUREMENT						0.75	mg/kg	0		
78471 S 0	PERMIT REQUIREMENT						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
See Comments											
Chromium, dry weight	SAMPLE MEASUREMENT						22.2	mg/kg	0		
78473 S 0	PERMIT REQUIREMENT						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
See Comments											
Copper, sludge, tot, dry weight (as CU)	SAMPLE MEASUREMENT						483	mg/kg	0		
78475 S 0	PERMIT REQUIREMENT						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
See Comments											
Cadmium, sludge, tot dry weight (as Cd)	SAMPLE MEASUREMENT						2.5	mg/kg	0		
78476 S 0	PERMIT REQUIREMENT						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
See Comments											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JOHN TORRE Project Manager TYPED OR PRINTED	<small>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</small>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			203	466-5277	13	06	11
			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 4

NAME: NEW HAVEN EAST SHORE WPCF
ADDRESS: 345 EAST SHORE PARKWAY
NEW HAVEN, CT 06512
FACILITY: NEW HAVEN EAST SHORE STP
LOCATION: 345 EAST SHORE PARKWAY
NEW HAVEN, CT 06512
ATTN: JOHN TORRE

CT0100366	001-1
PERMITNUMBER	DISCHARGENUMBER

DMR MAILING ZIP CODE: 06512

MAJOR
(SUBR SI)
SANITARY SEWAGE
External Outfall

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
13	05	01	FROM	13	05	31	TO

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, sludge, tot, dry weight	SAMPLE MEASUREMENT				24.9			%	0		
78477 S 0 See Comment	PERMIT REQUIREMENT				Req. Mon. INST MIN			%		Once Every 2 Months	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT				99			%	0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT				85 MN % RMV			%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT				97			%	0		
81011 K 0 Percent Removal	PERMIT REQUIREMENT				85 MN % RMV			%		Monthly	CALCTD
Noael Static 48HR Acute D. Pulex	SAMPLE MEASUREMENT				100			%	0		
TDA3D T 1 See Comments	PERMIT REQUIREMENT				Opt. Mon. MINIMUM			%		Quarterly	COMPOS
Noael Static 48HR Acute Pimephales	SAMPLE MEASUREMENT				100			%	0		
TDA6C T 1 See Comments	PERMIT REQUIREMENT				Opt. Mon. MINIMUM			%		Quarterly	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		203	466-5277	13	06	11
		AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)